ing lifted over the flap. Both eyes are put under a pressure bandage and remain so for several days. After that time this bandage is changed every 24 hours, and on the eighth to tenth day, the eye operated upon is left unprotected.

The following is the process of healing: After 24 hours slight inflammatory changes are seen, the bloodvessels are more injected, the corneal tissue around the flap to the extent of 1 or 2 mm. in width, is dim, slightly swollen and prominent; the flap itself is either perfectly transparent or slightly steamy. The untouched layer of corneal tissue below the flap reflects the light more strongly, and if it contained blood-vessels these are more injected. In the course of the first week this injection of the eyeball disappears, and the space between the flap and cornea, beginning at the periphery, is gradually obliterated. Neither vascularization nor swelling of the flap occurs. Sometimes small infiltrations are observed near its edge, which, however, disappeared rapidly, and without leaving a trace. After the third week the process of healing seems microscopically to be perfect. In four cases out of eight, the operation was successful, and the author concludes:

1. The possibility of the transplantation of corneal tissue with preservation of its transparency, and the result of a sufficient visual acuity is proven.
2. Even when the leucoma affects the whole thickness of the cornea, the transplantation may be tried with hope of success.
3. Totally adhering and prominent leucomata are to be excepted.
4. The operation is absolutely without danger, causes little suffering, and may surely be performed wherever there is any hope of success.—*Am. Jour. of Ophthalmology*, July, 1888.

James E. Pilcher (U. S. Army).

III. Osteo-Periosteal Flaps in Rhinoplasty. By Dr. V. Hacker. Describes a method of forming a bony bridge to the new nose by removing, in addition to the usual forehead flap, a portion of bone and its overlying periosteum, which form part of the flap. The osteoperiosteal portion of flap is chiselled out of the forehead by cutting a narrow groove down to the diploe all around its borders, which should include a space about 7 to 8 mm, in breadth and in length sufficient, when turned down to rest slightly upon the end of the previously freshened remains of the injured septum, and extend to the septum extremity of the flap. The integumentary portion of the flap should be calculated, as in the older operations, to the particular requirements of each case. A convenient method of fixing the boundaries of the osteo-periosteal portion of the flap is to drive a row of fine pointed pins along them, through the skin, prior to loosening the latter at the edges. A narrow groove of the proper depth having outlined the portion of bone designed for the bony bridge and septum of the new nose, this is lifted up, still attached by its periosteum to the skin, and the point marked where the bridge and septum should join each other, *i. e.*, where the point of the nose is to be formed. At this point the strip of bone is fractured, the periosteal attachments of the latter to the skin being still preserved the lower fragment of bone thus forming the septum when turned directly backward, whilst the other with its upper extremity resting on the remains of the original septum, and its lower joined by periosteum to the lower fragment (articulating with it, as it were), forms the new bony bridge. They are secured in place by means of buried sutures, while the rest of the nose is fashioned in the usual manner by the integumentary portion of the flap.

The dimensions of the bony and periosteal portions of the flap as here given should be rather exceeded than otherwise, inasmuch as considerable shrinking of the same will occur. To avoid an unsightly hump at the point where the new bony ridge rests upon the old one, the periosteum in the flap, at this point, should extend slightly beyond the limits of the strip of bone.—*Wien. klin.*, *Woch.*, No. 2, 1888.

G. R. FOWLER (Brooklyn.)

IV. Treatment of Empyema of the Antrum of Highmore after Mikulicz's Method. By Dr. LINK (Cracow, Galicia, Austria).—At the Fifteenth Congress of German Surgeons (April, 1886), Professor Mikulicz, of Cracow, described a new plan of treatment of suppuration of Highmore's antrum, devised by himself, consisting in establishing a free communication between the latter and